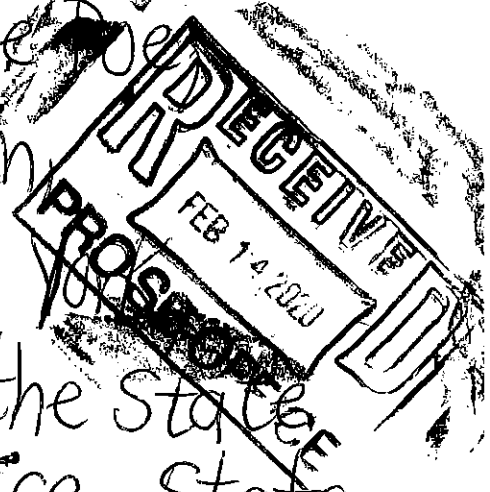


tendants: New York Police Department Precinct 47TH, Precinct 20, Precinct Internal Affairs
 Precinct, Officer White, Officer Jane Doe, Officer John Doe, Officer Johnson
 Criminal Court of the City of New York, Bronx County, Supreme Court of the State
 of New York: Bronx Hall of Justice, State of New York, NYPD 47TH Precinct Internal Affairs
 Division, New York State Inspector General's Office, New York Attorney General Office,
 Shonda Darswell, Allison Riesel; ADA, Civil Complaint Review Board, Bronx District
 Attorney Office, Bronx County Bar Association, New York Civil Liberties Union, New York
 Civil Comptroller Scott M. Stringer, Office of the New York City Comptroller, Bronx
 Criminal Courthouse, Investigator Kenneth Melton, New York City Comptroller Charles
 Costello and Bronx County Central Booking.



20 CV 1368

Statement of Facts:

On 12/19/2019 Robert W. Johnson was arrested by Officer White and Officer Jane Doe of the 47TH Precinct in the Bronx, New York with no warrant or just reasons given for arrest. Robert W. Johnson was not read Miranda Rights and U.S. Constitutional Rights for arrest by the arresting Officers and Robert W. Johnson was detained in tight handcuffs and placed in a patrol car. Robert W. Johnson was pat frisked by female officers and male officers, subjected to unsanitary conditions and uncomfortable settings with another prisoner after being molested by (2) John Doe Officers of the NYPD 47TH Precinct and was fingerprinted and photo pictured.

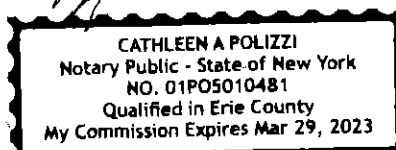
Bronx Central Booking facility pat friskee
 photo I.D'D, Pupil (Eye Printed), medically
 examined and questioned, subjected to
 (3) prisoners in a cell, uncomfortable
 sitting area and was given no food or
 drink, questioned by a Judicial Clerk
 and given no fair hearing for allege
 charges and released with no
 documentations after (9) hours of
 false arrest, cruel and unusual punishment
 and wrongful detainment.

January 14, 2020

on 1/14/2020 Robert W. Johnson
 personally appeared before me.
 Cathleen A. Polizzi

Robert W. Johnson
 Robert W. Johnson
 914-839-7583

(5)



Criminal Court
Of the
City Of New York



Bronx County
265 E. 161st Street
Bronx, NY 10451
Tele- 718-618-2467
Fax - 917-522-4846

TO WHOM IT MAY CONCERN:

Re: JOHNSON, ROBERT Date of Birth: 2-26-1984

Arrest Number/ CCN: B19650075

Docket # N/A

Date of Arrest: 12-19-2019

The case/defendant that you requested information about has been adjourned/ disposed of by reason of:

☒ No Public Record

Ind/Case# _____

Contact: **Supreme Court of the State of New York**
Bronx Hall of Justice
265 East 161st Street 2nd Flr
Bronx, N.Y. 10451

☒ Not Docketed--Our records indicate that the above arrest was Non-Processed and No Criminal charges were filed with this arrest.

Case adjourned to _____ Part _____

Warrant ordered on: _____

☒ Other: no charges filed

[Signature]

Name

12-23-2019

Date

ROBERT W. JOHNSON ;

ARREST DATE : 12/19/19 .

Bronx District Attorney Reference#:

1. Tashonda Darswell & ADA Allison Riese).

2. CCRB# : 2019-10936

3. INTERNAL AFFAIRS # : 2019-45491

4. CCRB Phone : 1800-341-2272 ; Internal Affairs Phone : 212-741-8401 .

5. Robert W. Johnson ; NYAG Submission # 1-123795652 ; Public Integrity Bureau.

6. Robert W. Johnson filed a complaint on 12/20/19 with the Inspector Generals Office.

7. ^①USDC ; ~~WDNY~~ ; Accession RG 21 FY 17 Number 0336 ; Box 39 ; Archived on 03/26/2019 ^②USDC ; NDNY ; 9:10-CV-372-NAM-GHL ; USDC ; NDC ; 3:19-CV-5789-SK .



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-M

Personal Injury Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within *1 year and 90 days of the occurrence*, you must start legal action to preserve your rights.

TYPE OR PRINT

I am filing: ☒ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to the claimant:

JOHNSON
ROBERT W.
Myself.

Claimant Information

*Last Name:

*First Name:

Address:

Address 2:

City:

State:

Zip Code:

Country:

Date of Birth:

Soc. Sec. #

HICN:

(Medicare #)

Date of Death:

Phone:

Email Address:

Occupation:

City Employee?

Gender

JOHNSON
ROBERT W.
334 S FISH AVE. APT. 1
BRONX
NY
10469
USA
02/26/1984
076-78-9909
N/A
N/A
914-839-7583
robert.johnsonwhy@gmail.com
Taxi Driver/Line Cook

☐ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

Firm or Last Name:

Firm or First Name:

Address:

Address 2:

City:

State:

Zip Code:

Tax ID:

Phone #:

Email Address:

N/A



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

*Date of Incident:

12/19/2019

Format: MM/DD/YYYY

Time of Incident:

6:00 PM

Format: HH:MM AM/PM

*Location of Incident:

Bronx Criminal Court
215 161st ST.
Bronx, NY 10451

Address:

Address 2:

City:

State:

Borough:

215 161st ST.
BRONX
NY
BRONX

*Manner in which claim arose:

Attach extra sheet(s) if more room is needed.

On 12/19/2019 I was false arrested, sexually assaulted by (2) male NYPD Officers and denied legal aid by the Bronx County Bar Association with no formal explanations given to Robert W. Johnson.

The items of damage or injuries claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

Shock of Conscience; \$10 Billion Dollars;
Mental & Physical Anguish; \$200 Million Dollars;
Future Mental & Physical Anguish; \$300 Million.



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Medical Information

1st Treatment Date:	12/26/2019	Format: MM/DD/YYYY
Hospital/Name:	NYC WELL	
Address:	50 BROADWAY : FL. 19	
Address 2:		
City:	New York	
State:	NY	
Zip Code:	10004	
Date Treated in Emergency Room:	N/A	Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA	

Employment Information (If claiming lost wages)

Employer's Name:	BROADWAY TAXI INC.
Address	1717 FILLMORE AVE.
Address 2:	
City:	BUFFALO
State:	NY
Zip Code:	14208
Work Days Lost:	Pending.
Amount Earned Weekly:	\$9,660.00

Treating Physician Information

Last Name:	
First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	



New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

NA

Witness 4 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

NA

Witness 2 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

NA

Witness 5 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

NA

Witness 3 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

NA

Witness 6 Information

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

NA

New York City Comptroller
Scott M. Stringer

Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

NYPD
4111 Laconia Ave.
Bronx
NY
10466

Insurance Information

Insurance Company
Name:

Address

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

Description of
claimant:

- ☐ Driver ☒ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☐ Other

Non-City vehicle driver

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

NIA

Non-City vehicle information

Make, Model, Year
of Vehicle:

Plate #:

VIN #:

NIA

City vehicle information

Plate #:

City Driver Last
Name:City Driver First
Name:
*Total Amount
Claimed:

Pending

Format: Do not include "\$" or "%".

Date

12/26/19

Signature of Claimant

Robert W. Johnson

State of New York
County of

I, _____, being duly sworn depose and say that I have read the foregoing
 NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated
 to be alleged upon information and belief, and as to those matters. I believe them to be true.

Sworn before me this day _____

Signature of
Claimant _____

Signature of notary _____

CERTIFICATE OF SERVICE

I, Robert W. Johnson, the Plaintiff, certify that on 02/07/2020 I served a copy of Civil Cover sheet, Complaint & IFP Application upon the following:

1. Court Clerk: U.S. Courthouse
500 Pearl St. NY, NY 10007.

February 7, 2020

Robert W. Johnson
Robert W. Johnson

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Robert W. Johnson

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

Bronx

(c) Attorneys (Firm Name, Address, and Telephone Number)

Robert W. Johnson; 3345 Fish Ave.;
APT. 11; Bronx, NY 10469

DEFENDANTS

New York Police
Department, et al.

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

Bronx

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

N/A

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

☐ 1 U.S. Government Plaintiff☐ 3 Federal Question (U.S. Government Not a Party)☒ 2 U.S. Government Defendant☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Appl <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Tax Court <input type="checkbox"/> 871 Tax Court <input type="checkbox"/> 872 Tax Court <input type="checkbox"/> 873 Tax Court <input type="checkbox"/> 874 Tax Court <input type="checkbox"/> 875 Tax Court	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat-TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

28 U.S.C. § 1331

Brief description of cause:

False Arrest, Civil Rights Violations, Molestation By US Govt Off.

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

999 Trillion

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

02/07/2020

SIGNATURE OF ATTORNEY OF RECORD

Robert W. Johnson

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

ROBERT W. JOHNSON
3345 FISH AVE.
APT. 1
BRONX, NY 10469

2052M

COURT CLERK
U.S. COURTHOUSE
500 PEARL ST
NEW YORK NY 10007

U.S. POSTAGE PAID
FCM LETTER
BRONX, NY
10469
FEB 11, 20
AMOUNT
\$0.85
R2304H108698-28



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RECEIVED
FEB 14 2020
POST OFFICE

FEB 13 2020

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